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PART II—Section 2

प्राधिकार से प्रकाशन

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इस भाग में निम्न पृष्ठ सहायी दी जाती है जिससे कि यह प्रत्येक संकलन के रूप में रखा जा सके।

Separate paging is given to this Part in order that it may be filed as a separate compilation

RAJYA SABHA

The following report of the Joint Committee of the Houses of Parliament on the Bill to provide for constitution of a Central Council of Indian Medicine and Homoeopathy and the maintenance of a Central Register of Indian Medicine and Homoeopathy and for matters connected therewith, was presented to the Rajya Sabha on the 17th November, 1969:—

COMPOSITION OF THE JOINT COMMITTEE

MEMBERS

Rajya Sabha

1. Shri M. P. Bhargava—Chairman
2. Shri J. C. Nagi Reddy
3. Shri Suresh J. Desai
4. Shri Sheel Bhadra Yajee
5. Shri Narayan Patra
6. Shri Lokanath Misra
7. Dr. Bhai Mahavir
8. Shri Jagat Narain
9. Shri N. P. Chaudhri
10. Shri S. D. Upadhyaya
11. Shri Krishan Kant

Lok Sabha

12. Shri Arjun Singh Bhadoria
13. Shri B. N. Bhargava
14. Shrimati Jyotsna Chanda
15. Shri P. P. Esthose
16. Shri M. Kamalanathan
17. Nawabzada Syed Zulfiquar Ali Khan
18. Shri G. P. Mangalathumadam
19. Shri Kamla Misra 'Madhukar'
20. Shri B. S. Murthy
21. Shri Nardeo Snatak
22. Shri Partap Singh
23. Shri Mrityunjay Prasad
24. Shri P. Ganga Reddy
25. Shri S. C. Samanta
26. Shri A. T. Sarma
27. Shri Shambhu Nath
28. Pandit Shiv Sharma
29. Shri Yajna Datt Sharma
30. Shri S. K. Tapuriah
31. Shri Venkatarao Tarodekar
32. Shri M. G. Ulkey
33. Shri Ram Chander Veerappa.

REPRESENTATIVES OF THE MINISTRIES*Ministry of Law*

1. Shri P. L. Gupta, Additional Legislative Counsel
2. Shrimati V. S. Rama Devi, Deputy Legislative Counsel

Ministry of Health and Family Planning and Works, Housing and Urban Development

1. Shri R. N. Madhok, Joint Secretary
2. Shri A. S. Bawa, Deputy Secretary.
3. Dr. P. N. V. Kurup, Adviser I.S.M.
4. Dr. K. G. Saxena, Adviser (H)

SECRETARIAT

1. Shri S. S. Bhalerao, Joint Secretary
2. Shri S. P. Ganguly, Deputy Secretary
3. Shri Kishan Singh, Under Secretary.

REPORT OF THE JOINT COMMITTEE

1. the Chairman of the Joint Committee to which the Bill* to provide for the constitution of a Central Council of Indian Medicine and Homoeopathy and the maintenance of a Central Register of Indian Medicine and Homoeopathy and for matters connected therewith, was referred, having been authorised to submit the Report on their behalf, present this their Report, with the Bill as amended by the Committee, annexed thereto.

2. The Bill was introduced in the Rajya Sabha on the 27th December, 1968. The motion for reference of the Bill to a Joint Committee of the Houses was moved by Shri M. P. Bhargava, on the 25th February, 1969 and was adopted by the House on the same day (Appendix I).

3. The Lok Sabha discussed and concurred in the motion on the 25th March, 1969 (Appendix II).

4. The message from the Lok Sabha was reported to Rajya Sabha on the 28th March, 1969.

5. The Committee held 18 sittings in all.

6. At their first sitting held on the 31st March, 1969, the Committee decided that a Press Communique be issued inviting memoranda on the Bill from various associations, organisations and individuals interested in the subject matter of the Bill and advising them to send their memoranda so as to reach the Rajya Sabha Secretariat by the 30th April, 1969. The Committee also decided to call witnesses for giving oral evidence on the Bill and authorised the Chairman to decide, after examining all the memoranda, as to who should be invited for the purpose. The Chairman also requested members to suggest names of persons who might be invited for giving oral evidence before the Committee.

7. One hundred and thirty-two memoranda, notes etc. on the Bill were received by the Committee (Appendix III).

8. The Committee heard evidence tendered by thirty witnesses (Appendix IV).

9. The Committee decided that the evidence tendered before them should be laid on the Table of the House.

10. The report of the Committee was to be presented to the House on the first day of the Sixty-ninth Session of the Rajya Sabha. The Committee were, however, granted extension of time up to the first day of the Seventieth Session of the Rajya Sabha.

11. The Committee had set up two study-groups—one to visit the important Ayurvedic Institutions in Kerala and the other to make an on-the-spot study of the Gujarat Ayurveda University, Jamnagar. The notes

*Published in Part II, Section 2 of the Gazette of India Extraordinary, dated the 27th December, 1968.

prepared by the two study groups (Appendix V) were circulated to the members of the Committee.

12. The principal changes suggested by the Committee in the Bill and the reasons therefor are set out in the succeeding paragraphs.

During the course of recording oral evidence almost all the witnesses, amongst whom were included exponents of Homoeopathy and all the three systems of Indian Medicine, namely, the Ayurveda, Siddha and Unani, asserted that the basic concepts of the Indian systems of medicine were totally different from the fundamentals of Homoeopathy. They were, therefore, of the opinion that Homoeopathy should not be tagged on to the Indian systems by providing for a single composite Central Council for all the four systems of medicine and that a separate Council for Homoeopathy should be provided. The Committee have given a very careful thought to this question. They came to the conclusion that the science of Homoeopathy being basically different from that of all the three Indian systems of medicine a composite council for all the four systems would not help in the advancement of any of them. The Committee are, therefore, of the opinion that for the proper growth and development of all the four systems, there should be two separate and independent Central Council—one for all the three Indian systems of medicine and the other for Homoeopathy. The Committee also feel that it would be desirable to have two separate enactments—one for the constitution of a Central Council for the three Indian systems of medicine and the other for the constitution of a Central Council for Homoeopathy. As however an express authority of Parliament is necessary to enable the Committee to divide the Bill referred to them into two separate Bills, the Committee have amended the Bill suitably so as to make provision for a composite Central Council for only the three Indian systems of medicine, namely, the Ayurveda, Siddha and Unani and for matters connected therewith, deleting therefrom all references to Homoeopathy. In fact a separate draft Bill was circulated to the Committee dealing *inter alia* with the constitution of a Central Council for Homoeopathy and for matters connected therewith. The Committee recommend that a separate Bill for Homoeopathy prepared on the same lines may be introduced in Parliament at an early date.

CLAUSE 2

In view of the fact that there may be some Universities like the Gujarat Ayurveda University, Jamnagar, which may not have a Faculty of Indian Medicine but have provision for diploma, graduate and post-graduate courses in such medicine, the definition of the term "University" has been enlarged so as to bring within its scope all such Universities. Paragraph (k) [original paragraph (1)] of the clause has, therefore, been amended suitably.

CLAUSE 3

Sub-clause (1)

*Paragraph (a).—*The Committee feel that it will not be reasonable to lay down that each system of Indian Medicine in each State should elect one representative to the Central Council irrespective of the number of registered practitioners of that system in that State. The Committee have, therefore, amended the paragraph so as to fix the scale of represen-

tation according to a slab system based on the number of registered practitioners in that system, subject to a maximum of five representatives. A new Schedule—as the First Schedule—has been added by the Committee which gives the scale of representation.

Paragraph (b).—The Committee are of the view that the Central Council should have a member for each of the Ayurveda, Siddha and Unani systems of medicine from each University to be elected from amongst themselves by the members of the Faculty or Department of the respective systems of medicine of that University. The paragraph has been amended to achieve this objective.

Paragraph (c).—(i) The Committee are of the view that the strength of the nominated element in the Central Council should not be as high as fifty percent of the total strength. Hence the maximum limit of nominated members has been brought down to thirty percent

(ii) The paragraph has been further modified so as to enable the Government to nominate, if necessary, eminent persons in the field of Indian Medicine having special knowledge or practical experience of such medicine.

CLAUSE 10

The Committee feel that the Council should be left free to decide the composition of the Committee relating to education in Indian medicine and the conditions regarding the period of ten years' practice and possession of recognised medical qualification in respect of two-thirds of the members thereof should not be insisted upon.

The proviso to the clause has accordingly been deleted.

CLAUSE 17

The Committee are of the opinion that the existing rights and privileges of practitioners of Indian Medicine should be given adequate safeguards. The Committee, in order to achieve this objective, have added three new paragraphs to sub-clause (3) of the clause protecting (i) the rights to practise of those practitioners of Indian Medicine who may not, under the proposed legislation, possess a recognised qualification subject to the condition that they are already enrolled on a State Register of Indian Medicine on the date of commencement of this Act, (ii) the privileges conferred on the practitioners of Indian Medicine enrolled on a State Register, under any law in force in that State, and (iii) the right to practise in a state of those practitioners who have been practising Indian Medicine in that State for not less than five years where no Register of Indian Medicine was maintained earlier

CLAUSE 31

As the period of thirty days prescribed for notifying the change of place of residence or practice by persons registered on the Central Register was considered to be short, the Committee have extended the same to ninety days.

FIRST SCHEDULE (NEW)

Consequent on the amendment made in paragraph (a) of clause 3(1) the new schedule has been added.

SECOND SCHEDULE (ORIGINAL FIRST SCHEDULE), THIRD SCHEDULE AND
FOURTH SCHEDULE

The Schedules were amended, in the light of up-to-date information furnished by the Ministry of Health, Family Planning and Works, Housing and Urban Development.

CLAUSE 1

In view of the fact that different State Laws regulating registration and practice in the Indian systems of medicine, and matters connected therewith, are in force in different States, the Committee feel that the Central Government should have authority to appoint different dates of commencement of the Act in different States and that the Central Government should also have the authority to enforce the Act in the States by parts, if necessary. Sub-clause (3) has accordingly been amended to achieve this objective.

The other changes made in the Bill are of a consequential or drafting nature.

13. The Committee recommend that the Bill as amended be passed.

NEW DELHI;
November 15, 1969.

M. P. BHARGAVA,
Chairman of the Joint Committee.

MINUTE OF DISSENT

यह हमारे देश या देश की धरती का बहुत बड़ा दुर्भाग्य रहा है, और जो आज भी है कि यहां पर जो भी विदेशी विषबीज यहां की धरती पर बोये उनको अंकुरित होने, पल्लवित होने और फूल फलने में विलम्ब नहीं हुआ है।

या यों कहें कि यहां इस देश में जो भी विदेशी पद्धति या बाहरी सभ्यता या संस्कृति या तहजीब और तमूइन आया उसे देश में अपनाने में कुछ संकोच नहीं हुआ।

जो भी विदेशी आक्रान्ता यहां आये उनको यहां की सभ्यता और पद्धति के विनाश में अधिक विलम्ब नहीं हुआ।

आज देश की स्वतन्त्रता के 22 वर्षों के पश्चात् भी हम विदेशियों का मुख प्रत्येक क्षेत्र में ताक रहे हैं, चाहे वह चिकित्सा पद्धति हो या अन्य। विदेशी हुकूमत की समाप्ति के बाद भी आयुर्वेदिक चिकित्सा पद्धति को विदेशी शासन जैसी ही उपेक्षा मिली। पहले से ही न्यस्त एलोपैथिक चिकित्सा पद्धति को न केवल उसी स्थान पर रहने दिया गया बल्कि आजाद होने के कारण चिकित्सा-शिक्षा और सुविधाओं पर हमने जो ज्यादा व्यय और वृद्धि की, उसका भी पूरा लाभ उसी चिकित्सा पद्धति की जड़ें और अधिक जमाने में उठाया गया। हम मानते हैं कि किसी भी चिकित्सा पद्धति से हमें विरोध नहीं होना चाहिये, चाहे उसकी उत्पत्ति किसी भी देश या जलवायु में हुई हो, लेकिन किसी चिकित्सा पद्धतियों को बिल्कुल पीछे डाल देना, सर्वहारा बना देना, नंगे किस्म का साम्राज्यवाद है।

इस देश और जलवायु में उत्पन्न और विकसित होने के कारण आयुर्वेद यहां के लोगों की विशेष स्वास्थ्य जरूरतों को पूरा करती है, इसमें कोई सन्देह नहीं होना चाहिये। तमाम ऐसे लोग हैं जिसके लिये शोध कर उपयुक्त औषधियां ईजाद करने में अभी एलोपैथी को कई दशक लग सकते हैं और तब भी शायद बिल्कुल सफल दवा न ईजाद हो क्योंकि एलोपैथी के पीछे दृष्टि वेह को समग्र रूप में देखने की नहीं है। रोग के लिये किसी एक सूक्ष्म या स्थूल कारण नहीं, समग्र रूप देहसंहति को असंतुलित करने वाले कारण-समूह को संकेतित करने के कारण आयुर्वेद पूर्ण वैज्ञानिक चिकित्सा पद्धति है। वह सर्वांगपूर्ण तर्क प्रणाली है और इस कसौटी पर एलोपैथिक की वैज्ञानिकता संधिग्न है चाहे उसमें स्वच्छता और चमत्कार के कितने ही देखे हों, सूक्ष्मता विश्लेषण के चाहे उसे कैसे भी औजार उपलब्ध हों, आयुर्वेद पूरा जीवन दर्शन और जीवन पद्धति है।

ऐसी स्थिति में जहां एलोपैथिक देश के केवल सुविधा सम्पन्न वर्ग की चिकित्सा जरूरतों को पूरा करती हो, उसी पर देश के स्वास्थ्य पर व्यय होने वाली अधिकांश राशि व्यय करना देश की 90 प्रतिशत जनता के साथ भी अन्याय है। डा० जी० एस० मलकोटे, संसद् सदस्य ने आंध्र प्रदेश के स्वास्थ्य मंत्री के अपने पूरे अनुभव के साथ अपने साक्ष्य में स्वास्थ्य मंत्रालयों के सचिवों, नौकरशाहों को आयुर्वेद के प्रति होने वाले अन्याय को मूल श्रोत बनाया। ऐसे सब कारणों को समझा जाय, ऐसी स्थिति समाप्त हो और 90 प्रतिशत जनता के लिये उपयोगी चिकित्सा पद्धति को आधुनिक सुविधाप्रद बनाने पर स्वास्थ्य बजट को कम से कम 75 प्रतिशत व्यय किया जाय।

मैं इस बात से सहमत हूँ कि होम्योपैथिक के लिये एक पृथक् चिकित्सा परिषद बने।

इसी तरह सिद्ध, यूनानी और प्राकृतिक चिकित्सा पद्धतियों के लिये भी एक अलग चिकित्सा परिषद (कौंसिल) बनायी जाए।

हर हासिल न शुद्ध आयुर्वेद के लिए एक पृथक् चिकित्सा परिषद् (कौंसिल) बनने ।

मिश्रित या खिचड़ी (इन्टेग्रेटेड) पद्धति को तुरन्त समाप्त किया जाय । जो लोग अब तक इस पद्धति में उपाधियां ले चुके हैं उन्हें यह सुविधा दी जाय कि वे एक नियत समय के भीतर यह निश्चित कर लें कि वे आयुर्वेदिक पद्धति से चिकित्सा करना चाहते हैं या एलोपैथिक पद्धति से । उन्हें अपनी चुनी पद्धति से अलग पद्धति से चिकित्सा करने पर प्रतिबन्ध लगाया जाय । वे यदि शुद्ध आयुर्वेद की या एलोपैथिक की उपाधियां लेना चाहते तो उन्हें त न वर्ष की शिक्षा पाने पर ऐसी उपाधियां दिलवाने की व्यवस्था की जाय और उन्हें तत्सम्बन्धी पद्धति में प्रवेश में प्राथमिकता मिले ।

अतः मैं पुनः यह स्पष्ट करना चाहता हूँ कि आयुर्वेद मात्र चिकित्सा पद्धति ही नहीं, बल्कि यह भारतीय जीवन पद्धति है, जिसका देश की आम जनता से सीधा सम्बन्ध है । स्वतन्त्रता के 22 वर्ष के पश्चात् संसद् में भारतीय चिकित्सा पद्धति के लिये जो बिल आ रहा है, उसमें भी हम एलोपैथी के बाद होम्योपैथी में विकास और उसको जीवन देने के लिये तो तैयार हैं, परन्तु शुद्ध आयुर्वेद को पृथक् कौंसिल देने में क्यों हिचक है ?

इसलिये मेरा यह सुझाव है और यह मांग है कि शुद्ध आयुर्वेदिक के लिये पृथक् परिषद् (कौंसिल) बनाई जाये ।

मैं इस प्रकार गमिति के सदस्य होने के नाते यह कलंक लेने के लिये तैयार नहीं हूँ कि जब उपेक्षित आयुर्वेद के विकास के लिये आजादी के 22 वर्ष के पश्चात् एक अवसर आया भी, उस समय उसके सदस्यों ने अपने विवेक से दृढ़तापूर्वक कार्य न करके उसके विकास और उसको जीवन देने के लिये कुछ भी सन्तोषजनक कार्य नहीं किया ।

इसलिये अन्त में मैं यह स्पष्ट मांग दुबारा दुहराना चाहता हूँ कि शुद्ध आयुर्वेद के लिये बिल्कुल पृथक् परिषद् (कौंसिल) बनाई जाये ।

THE INDIAN MEDICINE AND HOMOEOPATHY CENTRAL COUNCIL BILL, 1968

ARRANGEMENT OF CLAUSES

CHAPTER I

PRELIMINARY

CLAUSES

1. Short title, extent and commencement.
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- 5 Restriction on elections, nominations and membership
- 6 Incorporation of Central Council.
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9. Committees for Ayurveda, Siddha and Unani.
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- 16 Recognition of medical qualifications granted by medical institutions in countries with which there is a scheme of reciprocity.
- 17 Rights of persons possessing qualifications included in Second, Third and Fourth Schedules to be enrolled.
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CLAUSES

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24. Supply of copies of State Register of Indian Medicine.
25. Registration in the Central Register of Indian Medicine.
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27. Removal of names from the Central Register of Indian Medicine.
28. Provisional registration for practice.
29. Privileges of persons who are enrolled on the Central Register of Indian Medicine.
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33. Commission of inquiry.
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THE FIRST SCHEDULE.**THE SECOND SCHEDULE.****THE THIRD SCHEDULE.****THE FOURTH SCHEDULE.**

Bill No. XLVIII of 1968

**THE INDIAN MEDICINE AND HOMOEOPATHY CENTRAL
COUNCIL BILL, 1968**

(AS REPORTED BY THE JOINT COMMITTEE)

*(Words side-lined or underlined indicate the amendments suggested by
the Committee, asterisks indicate omissions.)*

A

BILL

*to provide for the constitution of a Central Council of Indian Medicine
* * *and the maintenance of a Central Register of Indian Medicine
* * * and for matters connected therewith.*

BE it enacted by Parliament in the Twentieth Year of the Republic of
India as follows:—

CHAPTER I

PRELIMINARY

1. (1) This Act may be called the Indian Medicine * * * Central
Council Act, 1969.

(2) It extends to the whole of India.

(3) It shall come into force in a State on such date as the Central Gov-
ernment may, by notification in the Official Gazette, appoint in this behalf

Short
title, ex-
tent and
com-
mence-
ment.

for such State and, different dates may be appointed for different States and for different provisions of this Act.

Defini-
tions.

2. In this Act, unless the context otherwise requires,—

(a) “approved institution” means a teaching institution, health centre or hospital recognised by a University or Board as an institution in which a person may undergo the training, if any, required by his course of study before the award of any medical qualification to him;

(b) “Board” means a Board, Council, Examining Body or Faculty of Indian Medicine * * * (by whatever name called) constituted by the State Government under any law for the time being in force regulating the award of medical qualifications in, and registration of practitioners of, Indian medicine; * * *

(c) “Central Council” means the Central Council of Indian Medicine * * * constituted under section 3;

(d) “Central Register of Indian Medicine * * *” means the register maintained by the Central Council under this Act;

* * * *

(e) “Indian medicine” means the system of Indian medicine commonly known as Ayurveda, Siddha or Unani;

(f) “medical institution” means any institution within or without India which grants degrees, diplomas or licences in Indian medicine * * *;

(g) “prescribed” means prescribed by regulations;

(h) “recognised medical qualification” means any of the medical qualifications, including post-graduate medical qualification, of Indian medicine * * * included in the Second, Third or Fourth Schedule;

(i) “regulation” means a regulation made under section 36;

(j) “State Register of Indian Medicine * * *” means a register or registers maintained under any law for the time being in force in any State regulating the registration of practitioners of Indian medicine * * *;

(k) “University” means any University in India established by law and having a Faculty of Indian Medicine and includes a University in India established by law in which instruction, teaching, training or research in Indian Medicine is provided.

CHAPTER II

THE CENTRAL COUNCIL AND ITS COMMITTEES

Constitu-
tion of
Central
Council

3. (1) The Central Government shall, by notification in the Official Gazette, constitute for the purposes of this Act a Central Council consisting of the following members, namely:—

(a) such number of members not exceeding five as may be determined by the Central Government in accordance with the provisions of the First Schedule for each of the Ayurveda, Siddha and Unani systems of medicine from each State in which a State Register of Indian

Medicine is maintained, to be elected from amongst themselves by persons enrolled on that Register as practitioners of Ayurveda, Siddha or Unani, as the case may be;

(b) one member for each of the Ayurveda, Siddha and Unani systems of medicine from each University to be elected from amongst themselves by the members of the Faculty or Department (by whatever name called) of the respective system of medicine of that University;

(c) such number of members, not exceeding thirty per cent. of the total number of members elected under clauses (a) and (b), as may be nominated by the Central Government, from amongst persons having special knowledge or practical experience in respect of Indian medicine:

Provided that until members are elected under clause (a) or clause (b) in accordance with the provisions of this Act and the rules made thereunder, the Central Government shall nominate such number of members, being persons qualified to be chosen as such under the said clause (a) or clause (b), as the case may be, as that Government thinks fit; and references to elected members in this Act shall be construed as including references to members so nominated.

(2) The President of the Central Council shall be elected by the members of the Central Council from amongst themselves in such manner as may be prescribed.

(3) There shall be a Vice-President for each of the Ayurveda, Siddha and Unani * * * systems of medicine who shall be elected from amongst themselves by members representing that system of medicine, elected under clause (a) or clause (b) of sub-section (1) or nominated under clause (c) of that sub-section.

4. (1) An election under clause (a) or clause (b) of sub-section (1) of section 3 shall be conducted by the Central Government in accordance with such rules as may be made by it in this behalf. Mode of election.

(2) Where any dispute arises regarding any election to the Central Council, it shall be referred to the Central Government whose decision shall be final.

5. (1) No person shall be eligible for election * * * to the Central Council unless he possesses any of the medical qualifications included in the Second, Third or Fourth Schedule or is enrolled on any State Register of Indian Medicine * * * and resides in the State concerned. Restriction on elections and membership.

(2) No person may at the same time serve as a member in more than one capacity.

6. The Central Council shall be a body corporate by the name of the Central Council of Indian Medicine * * * having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract, and shall by the said name sue and be sued. Incorporation of Central Council.

Term of
office of
President,
Vice-
President
and mem-
bers of
Central
Council.

7. (1) The President, a Vice-President or a member of the Central Council shall hold office for a term of five years from the date of his election or nomination, as the case may be, or until his successor shall have been duly elected or nominated, whichever is longer.

(2) An elected or nominated member shall be deemed to have vacated his seat if he is absent without excuse, sufficient in the opinion of the Central Council, from three consecutive ordinary meetings of the Central Council or, in the case of a member elected under clause (a) * * * of sub-section (1) of section 3, if he ceases to be enrolled on the concerned State Register of Indian Medicine * * *, or in the case of a member elected under clause (b) of that sub-section, if he ceases to be a member of the Faculty or Department (by whatever name called) of Indian Medicine * * * of the University concerned.

(3) A casual vacancy in the Central Council shall be filled by election or nomination, as the case may be, and the person elected or nominated to fill the vacancy shall hold office only for the remainder of the term for which the member whose place he takes was elected or nominated.

(4) Members of the Central Council shall be eligible for re-election or re-nomination.

(5) Where the said term of five years is about to expire in respect of any member, a successor may be elected or nominated at any time within three months before the said term expires but he shall not assume office until the said term has expired.

Meet-
ings of
Coun-
tral
Cen-
cil.

8. (1) The Central Council shall meet at least once in each year at such time and place as may be appointed by the Central Council.

(2) Unless otherwise prescribed, one-third of the total number of members of the Central Council shall form a quorum, and all the acts of the Central Council shall be decided by a majority of the members present and voting:

Provided that no decision of the Central Council in relation to any Indian medicine * * * shall be effective unless three members representing Ayurveda, Siddha or Unani * * * system of medicine, as the case may be, are present at the meeting and support the decision.

Commit-
tees for
Ayurveda,
Siddha
and
Unani.

9. (1) The Central Council shall constitute from amongst its members,—

(a) a committee for Ayurveda;

(b) a committee for Siddha; and

(c) a committee for Unani, * *

* * * * *

and each such committee shall consist of members elected under clause (a) or clause (b) or nominated under clause (c) of sub-section (1) of section 3 representing the Ayurveda, Siddha or Unani * * * system of medicine, as the case may be.

(2) The Vice-President for each of the Ayurveda, Siddha and Unani * * * systems of medicine elected under sub-section (3) of section 3 shall be, respectively, the Chairman of the committees referred to in clauses (a), (b) and (c) * * * of sub-section (1).

(3) Subject to such general or special directions as the Central Council may from time to time give, each such committee shall be competent to deal with any matter relating to Ayurveda, Siddha or Unani * * * system of medicine, as the case may be, within the competence of the Central Council.

10. The Central Council may constitute from amongst its members such other committees for general or special purposes as the Central Council deems necessary to carry out the purposes of this Act.

Other committees.

11. (1) The committees constituted under sections 9 and 10 shall meet at least once in each year at such time and place as may be appointed by the Central Council.

Meetings of committees.

(2) Unless otherwise prescribed, one-third of the total number of members of a committee shall form a quorum, and all the acts of the committee shall be decided by a majority of the members present and voting.

12. The Central Council shall—

(a) appoint a Registrar who shall act as Secretary and who may also, if deemed expedient, act as Treasurer;

(b) employ such other persons as it deems necessary to carry out the purposes of this Act;

(c) require and take from the Registrar, or from any other employee, such security for the due performance of his duties as the Central Council deems necessary; and

(d) with the previous sanction of the Central Government, fix the remuneration and allowances to be paid to the President, Vice-President and members of the Central Council and to the members of the committees thereof and determine the conditions of service of the employees of the Central Council.

Officers and other employees of Central Council.

13. No act or proceeding of the Central Council or any committee thereof shall be called in question on the ground merely of the existence of any vacancy in, or any defect in the constitution of, the Central Council or the committee, as the case may be.

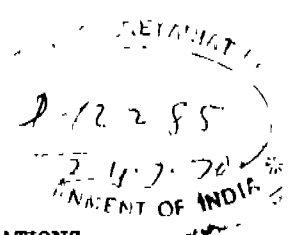
Vacancies in the Central Council and committees thereof not to invalidate action.

CHAPTER III

RECOGNITION OF MEDICAL QUALIFICATIONS

14. (1) The medical qualifications granted by any University, Board or other medical institution in India which are included in * * * the Second Schedule shall be recognised medical qualifications for the purposes of this Act.

Recognition of medical qualifications



granted
by certain
medical
institu-
tions in
India.

(2) Any University, Board or other medical institution in India which grants a medical qualification not included in * * * the Second Schedule may apply to the Central Government to have any such qualification recognised, and the Central Government, after consulting the Central Council, may, by notification in the Official Gazette, amend * * * the Second Schedule * * * so as to include such qualification therein, and any such notification may also direct that an entry shall be made in the last column of * * * the Second Schedule against such medical qualification declaring that it shall be a recognised medical qualification only when granted after a specified date.

Recogni-
tion of
medical
qualifica-
tions
granted
by certain
medical
institu-
tions
whose
qualifica-
tions are
not in-
cluded
in Second
Schedule.

15. The medical qualifications included in the Third Schedule granted to a citizen of India before the 15th day of August, 1947, by any medical institution in any area which was comprised before that date within India as defined in the Government of India Act, 1935, shall also be recognised medical qualifications for the purposes of this Act.

Recogni-
tion of
medical
qualifica-
tions
granted
by medi-
cal insti-
tutions in
countries
with
which
there is
a scheme
of reci-
procity.

16. (1) The medical qualifications granted by medical institutions outside India which are included in the Fourth Schedule shall be recognised medical qualifications for the purposes of this Act.

(2) The Central Council may enter into negotiations with the authority in any State or country outside India, which by the law of such State or country is entrusted with the maintenance of a Register of practitioners of Indian medicine, * * * for the settling of a scheme of reciprocity for the recognition of medical qualifications in Indian medicine, * * * and in pursuance of any such scheme, the Central Government may, by notification in the Official Gazette, amend the Fourth Schedule so as to include therein any medical qualification which the Central Council has decided should be recognised, and any such notification may also direct that an entry shall be made in the last column of the Fourth Schedule against such medical qualification declaring that it shall be recognised medical qualification only when granted after a specified date.

Rights of
persons
possess-
ing quali-
fications
included
in
Second,
Third
and
Fourth
Schedules
to be en-
rolled.

17. (1) Subject to the other provisions contained in this Act, any medical qualification included in the Second, Third or Fourth Schedule shall be sufficient qualification for enrolment on any State Register of Indian Medicine * * *.

(2) Save as provided in section 28, no person other than a practitioner of Indian medicine who possesses a recognised medical qualification and is enrolled on a State Register or the Central Register of Indian Medicine,—

(a) shall hold office as Vaid, Siddha, Hakim or physician or any other office (by whatever designation called) in Government or in any institution maintained by a local or other authority;

(b) shall practise Indian medicine * * * in any State;

(c) shall be entitled to sign or authenticate a medical or fitness certificate or any other certificate required by any law to be signed or authenticated by a duly qualified medical practitioner;

(d) shall be entitled to give evidence at any inquest or in any court of law as an expert under section 45 of the Indian Evidence Act, 1872, on any matter relating to Indian medicine * * *.

1 of 1872.

(3) Nothing contained in sub-section (2) shall affect,—

(a) the right of a practitioner of Indian medicine enrolled on a State Register of Indian Medicine to practise Indian medicine in any State merely on the ground that, on the commencement of this Act, he does not possess a recognised medical qualification;

(b) the privileges conferred by or under any law relating to registration of practitioners of Indian medicine for the time being in force in any State on a practitioner of Indian medicine enrolled on a State Register of Indian Medicine;

(c) the right of a person to practise Indian medicine in a State in which, on the commencement of this Act, a State Register of Indian Medicine is not maintained if, on such commencement, he has been practising Indian medicine for not less than five years;

(d) the rights conferred by or under the Indian Medical Council Act, 1956, (including the right to practise medicine as defined in clause (f) of section 2 of the said Act) on persons possessing any qualifications included in the Schedules to the said Act.

102 of
1956.

(4) Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both.

18 Every University, Board or medical institution in India which grants a recognised medical qualification shall furnish such information as the Central Council may, from time to time, require as to the courses of study and examinations to be undergone in order to obtain such qualification, as to the ages at which such courses of study and examinations are required to be undergone and such qualification is conferred and generally as to the requisites for obtaining such qualification.

Power to
require
informa-
tion as to
courses of
study and
examina-
tions.

19. (1) The Central Council shall appoint such number of medical inspectors as it may deem requisite to inspect any medical college, hospital or other institution where education in Indian medicine * * * is given, or to attend any examination held by any University, Board or medical institution for the purpose of recommending to the Central Government recognition of medical qualifications granted by that University, Board or medical institution.

Inspectors
at exami-
nations

(2) The medical inspectors shall not interfere with the conduct of any training or examination, but shall report to the Central Council on the adequacy of the standards of education including staff, equipment, accommodation, training and other facilities prescribed for giving education in Indian medicine * * * or on the sufficiency of every examination which they attend.

(3) The Central Council shall forward a copy of any such report to the University, Board or medical institution concerned, and shall also forward a copy with the remarks of the University, Board or medical institution thereon, to the Central Government.

Visitors
at exami-
nations.

20. (1) The Central Council may appoint such number of visitors as it may deem requisite to inspect any medical college, hospital or other institution where education in Indian medicine * * * is given or to attend any examination for the purpose of granting recognised medical qualifications.

(2) Any person, whether he is a member of the Central Council or not, may be appointed as a visitor under this section but a person who is appointed as an inspector under section 19 for any inspection or examination shall not be appointed as a visitor for the same inspection or examination.

(3) The visitors shall not interfere with the conduct of any training or examination, but shall report to the President of the Central Council on the adequacy of the standards of education including staff, equipment, accommodation, training and other facilities prescribed for giving education in Indian medicine * * * or on the sufficiency of every examination which they attend.

(4) The report of a visitor shall be treated as confidential unless in any particular case the President of the Central Council otherwise directs:

Provided that if the Central Government requires a copy of the report of a visitor, the Central Council shall furnish the same.

With-
drawal of
recogni-
tion.

21. (1) When upon report by the inspector or the visitor, it appears to the Central Council—

(a) that the courses of study and examination to be undergone in, or the proficiency required from candidates at any examination held by, any University, Board or medical institution, or

(b) that the staff, equipment, accommodation, training and other facilities for instruction and training provided in such University, Board or medical institution or in any college or other institution affiliated to the University,

do not conform to the standard prescribed by the Central Council, the Central Council shall make a representation to that effect to the Central Government.

(2) After considering such representation, the Central Government may send it to the Government of the State in which the University, Board or medical institution is situated and the State Government shall forward it along with such remarks as it may choose to make to the University, Board or medical institution, with an intimation of the period within which the University, Board or medical institution may submit its explanation to the State Government.

(3) On the receipt of the explanation or, where no explanation is submitted within the period fixed, then, on the expiry of that period, the State Government shall make its recommendations to the Central Government.

(4) The Central Government, after making such further inquiry, if any, as it may think fit, may, by notification in the Official Gazette direct that an entry shall be made in the appropriate Schedule against the said medical qualification declaring that it shall be a recognised medical quali-

fication only when granted before a specified date, or that the said medical qualification if granted to students of a specified college or institution affiliated to any University shall be recognised medical qualification only when granted before a specified date or, as the case may be, that the said medical qualification shall be recognised medical qualification in relation to a specified college or institution affiliated to any University only when granted after a specified date.

22. (1) The Central Council may prescribe the minimum standards of education in Indian medicine, * * * required for granting recognised medical qualifications by Universities, Boards or medical institutions in India.

Minimum standards of education in Indian Medicine.

(2) Copies of the draft regulations and of all subsequent amendments thereof shall be furnished by the Central Council to all State Governments and the Central Council shall, before submitting the regulations or any amendment thereof, as the case may be, to the Central Government for sanction, take into consideration the comments of any State Government received within three months from the furnishing of the copies as aforesaid.

(3) Each of the Committees referred to in clauses (a), (b) and (c) * * * of sub-section (1) of section 9 shall, from time to time, report to the Central Council on the efficacy of the regulations and may recommend to the Central Council such amendments thereof as it may think fit.

CHAPTER IV

THE CENTRAL REGISTER OF INDIAN MEDICINE * * *

23. (1) The Central Council shall cause to be maintained in the prescribed manner, a register of practitioners in separate parts for each of the systems of Indian medicine * * * to be known as the Central Register of Indian Medicine * * * which shall contain the names of all persons who are for the time being enrolled on any State Register of Indian Medicine * * * and who possess any of the recognised medical qualifications.

The Central Register of Indian Medicine.

(2) It shall be the duty of the Registrar of the Central Council to keep and maintain the Central Register of Indian Medicine * * * in accordance with the provisions of this Act and of any orders made by the Central Council, and from time to time to revise the register and publish it in the Gazette of India and in such other manner as may be prescribed.

(3) Such register shall be deemed to be a public document within the meaning of the Indian Evidence Act, 1872, and may be proved by a copy published in the Gazette of India.

1 of 1872.

24. Each Board shall supply to the Central Council three printed copies of the State Register of Indian Medicine * * * as soon as may be after the commencement of this Act and subsequently after the first day of April of each year, and each Board shall inform the Central Council without delay of all additions to and other amendments in the State Register of Indian Medicine * * * made from time to time.

Supply of copies of State Register of Indian Medicine.

Registration in the Central Register of Indian Medicine.

25. The Registrar of the Central Council may on receipt of the report of registration of a person in a State Register of Indian Medicine * * * or on application made in the prescribed manner by any person, enter his name in the Central Register of Indian Medicine * * *, provided that the Registrar is satisfied that the person concerned is eligible under this Act for such registration.

Professional conduct.

26. (1) The Central Council may prescribe standards of professional conduct and etiquette and a code of ethics for practitioners of Indian medicine * * *.

(2) Regulations made by the Central Council under sub-section (1) may specify which violations thereof shall constitute infamous conduct in any professional respect, that is to say, professional misconduct, and such provision shall have effect notwithstanding anything contained in any law for the time being in force.

Removal of names from the Central Register of Indian Medicine.

27. (1) If the name of any person enrolled on a State Register of Indian Medicine * * * is removed therefrom in pursuance of any power conferred by or under any law relating to registration of practitioners of Indian medicine * * * for the time being in force in any State, the Central Council shall direct the removal of the name of such person from the Central Register of Indian Medicine * * *.

(2) Where the name of any person has been removed from a State Register of Indian Medicine * * * on any ground other than that he is not possessed of the requisite medical qualifications or where any application by the said person for restoration of his name to the State Register of Indian Medicine * * * has been rejected, he may appeal in the prescribed manner and subject to such conditions, including conditions as to the payment of a fee, as may be prescribed, to the Central Government whose decision, which shall be given after consulting the Central Council, shall be binding on the State Government and on the authorities concerned with the preparation of the State Register of Indian Medicine * * *.

Provisional registration for practice.

28. If the courses of study to be undergone for obtaining a recognised medical qualification in Indian medicine * * * include a period of training after a person has passed the qualifying examination and before such qualification is conferred on him, any such person shall, on application made by him in this behalf, be granted provisional registration in a State Register of Indian Medicine * * * by the Board concerned in order to enable him to practise Indian medicine * * * in an approved institution for the purpose of such training and for no other purpose for the period aforesaid.

Privileges of persons who are enrolled on the Central Register of Indian Medicine.

29. Subject to the conditions and restrictions laid down in this Act regarding practice of Indian medicine * * * by persons possessing certain recognised medical qualifications, every person whose name is for the time being borne on the Central Register of Indian Medicine * * * shall be entitled according to his qualifications to practise Indian medicine * * * in any part of India and to recover in due course of law in respect of such practice any expenses, charges in respect of medicaments or other appliances or any fees to which he may be entitled.

30. (1) If any person whose name is entered in the Central Register of Indian Medicine * * * obtains any title, diploma or other qualification for proficiency in Indian medicine * * * which is a recognised medical qualification, he shall, on application made in this behalf in the prescribed manner, be entitled to have an entry stating such other title, diploma or other qualification made against his name in the Central Register of Indian Medicine * * * either in substitution for or in addition to any entry previously made.

Registra-
tion of
additional
qualifica-
tions.

(2) The entries in respect of any such person in a State Register of Indian Medicine * * * shall be altered in accordance with the alterations made in the Central Register of Indian Medicine * * *.

31. Every person registered in the Central Register of Indian Medicine * * * shall notify any transfer of the place of his residence or practice to the Central Council and to the Board concerned, within ninety days of such transfer, failing which his right to participate in the election of members to the Central Council or a Board shall be liable to be forfeited by order of the Central Government either permanently or for such period as may be specified therein.

Persons
enrolled
on Cen-
tral
Register
of Indian
Medicine
to notify
change of
place of
residence
and
practice.

CHAPTER V

MISCELLANEOUS

32. (1) The Central Council shall furnish such reports, copies of its minutes, abstracts of its accounts, and other information to the Central Government as that Government may require.

Informa-
tion to
be fur-
nished by
Central
Council
and pub-
lication
thereof.

(2) The Central Government may publish in such manner as it may think fit, any report, copy, abstract or other information furnished to it under this section or under section 20.

33. (1) Whenever it is made to appear to the Central Government that the Central Council is not complying with any of the provisions of this Act, the Central Government may refer the particulars of the complaint to a commission of inquiry consisting of three persons, two of whom shall be appointed by the Central Government, one being a Judge of a High Court, and one by the Central Council, and such commission shall proceed to inquire in a summary manner and to report to the Central Government as to the truth of the matters charged in the complaint, and in case of any charge of default or of improper action being found by the commission to have been established, the commission shall re-commend the remedies, if any, which are in its opinion necessary.

Commis-
sion of
inquiry.

(2) The Central Government may require the Central Council to adopt the remedies so recommended within such time as, having regard to the report of the commission, it may think fit, and if the Central Council fails to comply with any such requirement, the Central Government may amend the regulations of the Central Council or make such provision or order or take such other steps as may seem necessary to give effect to the recommendations of the commission.

(3) A commission of inquiry shall have power to administer oaths, to enforce the attendance of witnesses and the production of documents, and shall have all such other necessary powers for the purpose of any inquiry conducted by it as are exercised by a civil court under the Code of Civil Procedure, 1908.

5 of 1908.

Protec-
tion of
action
taken
in good
faith.

34. No suit, prosecution or other legal proceeding shall lie against the Government, the Central Council or a Board or any committee thereof or any officer or servant of the Government or the Central Council or the Board aforesaid for anything which is in good faith done or intended to be done under this Act.

Power to
make
rules.

35. (1) The Central Government may, by notification in the Official Gazette, make rules to carry out the purposes of this Act.

(2) Every rule made under this section shall be laid, as soon as may be after it is made, before each House of Parliament while it is in session for a total period of thirty days which may be comprised in one session or in two successive sessions and if, before the expiry of the session in which it is so laid or the session immediately following, both Houses agree in making any modification in the rule or both Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule.

Power to
make
regula-
tions.

36. The Central Council may, with the previous sanction of the Central Government, make regulations generally to carry out the purposes of this Act, and, without prejudice to the generality of this power, such regulations may provide for—

(a) the manner of election of the President and the Vice-Presidents of the Central Council;

(b) the management of the property of the Central Council and the maintenance and audit of its accounts;

(c) the resignation of members of the Central Council;

(d) the powers and duties of the President and Vice-President;

(e) the summoning and holding of meetings of the Central Council and the committees thereof, the times and places where such meetings are to be held, and the conduct of business thereat and the number of members necessary to constitute a quorum;

(f) the functions of the committees constituted under section 9 or section 10;

(g) the tenure of office, and the powers and duties of the Registrar and other officers and servants of the Central Council;

(h) the appointment, powers, duties and procedure of inspectors and visitors;

(i) the courses and period of study and of practical training to be undertaken, the subjects of examination and the standards of proficiency therein to be obtained, in any University, Board or medical institutions for grant of recognised medical qualifications

(j) the standards of staff, equipment, accommodation, training and other facilities for education in Indian medicine * * *;

(k) the conduct of professional examinations, qualifications of examiners and the conditions of admission to such examinations;

(l) the standards of professional conduct and etiquette and code of ethics to be observed by practitioners of Indian medicine * * *;

(m) the particulars to be stated and the proof of qualifications to be given in applications for registration under this Act;

(n) the manner in which and the conditions subject to which an appeal under section 27 may be preferred;

(o) the fees to be paid on applications and appeals under this Act; and

(p) any matter for which under this Act provision may be made by regulations.

THE FIRST SCHEDULE

[See section 3(1) (a)]

1. The Central Government shall, by notification in the Official Gazette, determine the number of seats allocated in the Central Council to each of the Ayurveda, Siddha and Unani systems of medicine in each State on the following basis, namely:—

(a) Where the number of persons enrolled on a State Register of Indian Medicine for any of such systems exceeds 100 but does not exceed 10,000 1 seat

(b) Where the number of persons enrolled on a State Register of Indian Medicine for any of such systems exceeds 10,000 but does not exceed 20,000 2 seats

(c) Where the number of persons enrolled on a State Register of Indian Medicine for any of such systems exceeds 20,000 but does not exceed 30,000 3 seats

(d) Where the number of persons enrolled on a State Register of Indian Medicine for any of such systems exceeds 30,000 but does not exceed 40,000 4 seats

(e) Where the number of persons enrolled on a State Register of Indian Medicine for any of such systems exceeds 40,000 5 seats

2. For every subsequent election to the Central Council under clause (a) of sub-section (1) of section 3, the Central Government shall, by notification in the Official Gazette, determine the number of seats allocated in the Central Council to each of the Ayurveda, Siddha and Unani system of medicine on the basis laid down in paragraph 1 above.

THE SECOND SCHEDULE

(See section 14)

Recognised medical qualifications in Indian Medicine granted by Universities, Boards or other medical institution in India

Name of University, Board or Medical Institution	Recognised medical qualifications	Abbreviation for registration	Remarks
1	2	3	4

PART I.—AYURVEDA AND SIDDHA

Andhra

1. Board of Indian Medicine, Hyderabad, A.P.
 - Graduate of the College of Ayurvedic Medicine. G.C.A.M. ..
 - Graduate of the College of Integrated Medicine. G.C.I.M.* ..
 - Ayurveda Visharad. A.V.V. ..
 - Bachelor of Ayurvedic Medicine and Surgery. B.A.M. & S. .
2. Andhra Ayurveda Parishad, Vijayawada (Examining Body). Vaidyavidwan
3. Shri Venkateswar Ayurveda Kalasala, Vijayawada.
 - Ayurvedalankara ..
 - Ayurveda-Kalanidhi . ..
 - Diploma in Ayurvedic Medicine. D.A.M. ..
4. Shri Rangacharya Ram-mohan Ayurvedic College, Guntur, A.P. Ayurveda Praveen. .. .

Assam

5. Board of Ayurvedic Medicine, Assam. Diploma in Ayurvedic Medicine and Surgery. D.A.M.S. . ..

Bihar

6. State Faculty of Ayurvedic and Unani Medicines, Patna, Bihar. Graduate in Ayurvedic Medicine and Surgery. G.A.M.S. From 1953 onwards.
7. Government Ayurvedic School, Patna, Bihar (Former). Ayurvedacharya
8. Government Ayurvedic College, Patna, Bihar. Ayurvedacharya
9. Sanskrit University Darbhanga, Bihar. Ayurvedacharya
Pranacharya

Delhi

10. Ayurvedic and Unani Tibbia College, Delhi.
 - Ayurvedacharya Dhanwantari .. Up to 1956
 - Bhishgacharya Dhanwantari .. Up to 1956
 - Vaidya Dhatri .. Up to 1956

1	2	3	4
11. Board of Ayurvedic and Unani Systems of Medicine, Delhi Administration.	(Bachelor in Medicine and Surgery)	Indian and B.I.M.S.	From 1962 to 63.
	Ayurvedacharya Dhanwantari		
	(Diploma in Medicine and Surgery)	Indian D.I.M.S.	From 1956 to 60
	Bhishgacharya Dhanwantari	..	
12. All India Ayurveda] Vidyapeeth, Delhi.	Ayurveda-Visharad	..	.
	Ayurveda-Bhishak	..	..
	Vaidyacharya	..	.
	Prajavaidya Priksha	..	..
	Vaidya-Visharad	..	..
	Ayurvedacharya	..	..
13. Banwarilal Ayurvedic Vidyalaya, Delhi.	Vaid-raj	..	Up to 1958.
	Bhishgacharya	..	Up to 1958.
	Ayurvedacharya	..	Up to 1958.
14. Examining Body, Ayurvedic and Unani Systems of Medicine, Delhi.	(Bachelor in Medicine and Surgery)	Indian B.I.M.S.	From 1963 onwards.
	Ayurvedacharya Dhanwantari		
<i>Gujarat</i>			
15. University of Gujarat	Bachelor of Ayurvedic Medicine and Surgery	B.A.M.S.	..
16. M. S. University, Baroda.	Ayurveda-Visharad	..	..
17. Faculty of Ayurvedic and Unani Systems of Medicine, Gujarat.	Graduate of the Faculty of Ayurvedic Medicine	G.F.A.M.	..
18. The Committee for Shuddha Ayurvedic Course, Gujarat, Ahmedabad.	Ayurveda Pravina	D.S.A.C.	
19. Board of Indian Medicine, Saurashtra.	Ayurveda-Visharad	..	..
20. Post Graduate Training Centre in Ayurveda, Jamnagar.	Higher Proficiency in Ayurveda.	H.P.A.	.
21. Sarvanamasa Dakshina Parikshasamiti, Baroda.	Ayurvedauttama	.	
	Ayurveda-Madhyama	.	
22. Rajkeeya Sanskrit Mahavidyalaya, Baroda.	Ayurveda-Visharad	.	..
23. Ayurveda Mahavidyalaya, Ahmednagar.	Ayurveda Teertha	..	Up to 1942.
24. U.P. Ayurveda Mahavidyalaya, Patan (Baroda State).	Grihit Ayurveda Shastra Diploma in Ayurvedic Medicine.	D.A.M.	.
	Grihit Ayurveda Shastra	L.A.M.	Up to 1942

1	2	3	4
25. Gujarat Ayurved University, Jamnagar.	Ayurvedacharya Pranacharya	B.S.A.M. M.S.A.M.	.
<i>Jammu & Kashmir</i>			
26. Jammu and Kashmir University.	Bachelor of Ayurvedic Medicine and Surgery.	B.A.M.S.	Awarded from 1968.
<i>Kerala</i>			
27. University of Kerala	Bachelor of Ayurvedic Medicine. Diploma in Ayurvedic Medicine.	B.A.M. D.A.M.	From 1967 onwards. Till 1962.
28. Government of Travancore-Cochin.	Vaidyakalanidhi	.	.
29. Government Ayurveda College, Thripunithura (Kerala).	Sastra-Bhoosana-Ayurveda	.	.
30. Cochin Government	Vaidyabhoosanam	.	.
31. Travancore-Cochin Governments.	Ayurveda-Bhoosanam	.	.
32. Travancore Government	Netra Vaidya-Visharada	.	.
33. Kerala Government	Diploma in Ayurvedic Medicine.	D.A.M.	Still continuing.
34. Travancore Government	Vaidya-Shastri Marma Vaidya Visharada	.	.
35. Keralaeya-Ayurveda Mahapatasala, Shoranpur, Kerala.	Vaidyapadan	.	.
36. Cochin Government	"The Certificate Visha Vaidya Training"	.	.
37. Mulhava Memorial Ayurvedic College, Cannanore, Kerala.	Vaidyavibhusanam	.	Up to 1963.
38. Mulhava Ayurveda College, Brinakulam.	Ayurveda Sastry Ayurveda Vidwan	D.A.S.	From 1953 to 1957. Up to 1957.
39. Ayurvedic College, Kottakal, Kerala.	Arya Vaidyan	.	.
40. Arya Vaidya Patasala, Kottakal.	Arya Vaidya, Diploma	.	.
41. Government Ayurvedic College, Tripunithura.	Ayurveda-Sastra-Bhusan	.	.
42. Board of Public Examinations, Cochin.	Ayurveda Bhoosanam	.	.
43. Travancore Government	Diploma in Indigenous Medicine. Visha Vaidya Visarada	D.I.M.	.
44. Travancore Siddha Vaidya Sangham, Munchira.	Diploma or Certificate in Siddha Medicine.	.	.
<i>Madhya Pradesh</i>			
45. Jyoti Vishwavidyala Gwalior	Bachelor of Ayurved with Modern Medicine and Surgery.	B.A.M.S.	From 1965 onwards

1	2	3	4
46. Indore VishwaVidyalaya.	Bachelor of Ayurveda Medicine and Surgery.	B.A.M.S.	From 1965 onwards.
47. Vikram VishwaVidyalaya Ujjain.	Bachelor of Ayurved with Modern Medicine and Surgery.	B.A.M.S.	From 1964 onwards.
48. Ravishanker Vishwa-vidyalaya, Roipur.	Bachelor of Ayurved with Modern Medicine and Surgery.	B.A.M.S.	From 1965 onwards.
49. Board of Indian Medicine, Madhya Pradesh (Madhya Bharat Region), Gwalior.	Bhishgacharya	L.I.M.	From 1957 onwards.
50. Mahakoshal Ayurvedic Board, Jabalpur.	Bhisagwara	L.A.P.	
51. Board of Indian Medicine, Madhya Pradesh (Madhya Bharat Region), Gwalior.	Ayurveda-Vigyanacharya	A.V.M.S.	From 1958 onwards.
52. Government Ayurvedic Vidyalaya, Gwalior (Ayurvedic Examination, Gwalior State).	(i) Vaidyasastri (ii) Vaidya-wara (iii) Hindi Vaidya Pariksha (iv) Ayurved Shastri	..	From 1916 onwards. Up to 1954 Now ceased. Now ceased.
53. Ashtanga Ayurveda Vidyalaya, Ujjain.	Vaidya-vachaspathi	L.A.M.	Up to 1-5-56.
54. Board of Indian Medicine, Gwalior.	Sahayak-Vaidya	..	From 1954 and ceased afterwards.
55. University of Saugor, Saugor.	-	B.A.M.S.	
Maharashtra			
56. Nagpur University, Nagpur.	Bachelor of Ayurvedic Medicine and Surgery.	B.A.M.S. (Nagpur)	From 1964 onwards.
57. Poona University, Poona.	Bachelor of Ayurvedic Medicine and Surgery	B.A.M.S. (Poona).	
58. Vidarbha Board of Ayurvedic and Unani Systems of Medicine, Maharashtra.	Bachelor of Ayurvedic Medicine and Surgery	B.A.M.S. (Vidarbha)	
59. Faculty of Ayurvedic and Unani Systems of Medicine, Maharashtra.	Ayurveda Visharad	A. V. V. (Nanded)	
60. Committee of Shuddha Ayurvedic Course, Maharashtra.	Ayurveda Praveena	D. S. A. C. (Bombay)	
61. Faculty of Ayurvedic and Unani Systems of Medicine, Bombay.	Graduate of the Faculty of Ayurvedic Medicine	G. F. A. M. (Bombay)	
	Member of Faculty of Ayurvedic Medicine	M. F. A. M. (Maharashtra)	
	Ayurveda-Visharad	D.A.S.F. (Bombay)	
62. Tilak Maharashtra Vidyapeetha, Poona.	Ayurveda Visharad Ayurveda-Parangat	A.V.V. (Poona) A.V.P. (Poona)	Before 1944. Before 1942.
63. Aangal Mahavidyalaya, Satara.	Ayurveda Visharadya	A. V. V. (Satara)	Before 1942.
64. Ayurved Mahavidyalaya, Ahmednagar.	Ayurved-teerth	A. T. (Ahmednagar)	Before 1942.

1	2	3	4
<i>Mysore</i>			
65. Board of Studies in Indian Medicine, Mysore, Bangalore.	Graduate course of Indian Medicine.	G. C. I. M.	From 1964 onwards.
66. Board of Studies in Indian Medicine, Mysore State, Bangalore.	Ayurveda-Praveena.	D.S.A.C.	From 1958 onwards.
67. Government Ayurvedic and Unani College, Mysore.	Ayurved-Vidwat (Licentiate in Ayurvedic Medicine and Surgery)	L. A. M. S.	From 1928 to 1953.
68. Board of Studies in Indian Medicine, Mysore State, Bangalore.	Ayurved-Vidwat (Licentiate in Ayurvedic Medicine and Surgery).	L. A. M. S.	From 1958 onwards.
69. Central Board of Indian Medicine, Mysore.	Ayurveda-Vidwat (Licentiate in Ayurvedic Medicine and Surgery).	L. A. M. S.	From 1953 to 1958.
70. Taranath Ayurveda Vidya-peetha, Bellary.	Ayurveda-Vidwat (Licentiate in Ayurvedic Medicine and Surgery).	L.A.M. S.	From 1953 to 1958.
	Vaidya Praveena.	..	Up to 1952.
71. Committee or Authority of the Mysore, Maharaja's Sanskrit College (Ayurvedic Section), Mysore.	Ayurveda-Vidwat	..	Before 1909.
72. The Committee or Authority of the Government Ayurvedic College, Mysore.	Ayurveda-Vidwat	..	From 1909 to 1928.
73. Karnataka Ayurveda Vidya-peetha, Belgaum.	Bhishagwar	..	..
74. Prema Vidya Peetha, Thungabhadra.	Ayurvedachudamani	..	..
	Ayurveda shiromani	..	..
	Bhibagindu	..	..
	Vaidyaguru	..	..
75. Government Ayurvedic School, Mysore.		A.M.S.	..
76. Government Ayurvedic School and College, Mysore.	Licentiate of Ayurvedic Medicine and Surgery.	L.A.M.S.	..
77. Board of Studies in Indian Medicine, Mysore State, Bangalore.	Diploma in Ayurvedic Medicine.	D. A. M.	From 1964 onwards.
78. University of Mysore, Mysore.	Bachelor of the System of Ayurvedic Medicine.	B. S. A. M.	From 1967 onwards.
79. University of Bangalore, Bangalore.	Bachelor of the System of Ayurvedic Medicine.	B. S. A. M.	From 1967 onwards.
80. Karnatak University, Dharwar.	Bachelor of the System of Ayurvedic Medicine.	B. S. A. M.	From 1969 onwards.
<i>Orissa</i>			
81. Ayurvedic Examination Board, Orissa.	Diploma in Ayurvedic Medicine and Surgery	D. A. M. S.	From 1953 to 1962.
82. Orissa Association of Sanskrit Learning and Culture, Puri.	Ayurveda Shastry	..	From 1933 onwards.
	Ayurved Acharya	..	From 1933 onwards.

1	2	3	4
<i>Punjab</i>			
83. Faculty of Indian Medicine, Punjab.	Ayurvedacharya (Graduate of Ayurvedic Medicine and Surgery)	G.A.M.S.	From 1961 onwards.
84. Sanatan Dharam Premgiri Ayurvedic College, Bhiwani.	Ayurvedacharya Kaviraj	M.A.M.S. L.A.M.S.	Up to 1953. ..
85. D.A.V. Managing Committee, Amritsar/Jullundur.	Vaidya-Vachaspati	V.V.	..
86. Vedic and Unani Tibbi College, Amritsar.	Vaid Kaviraj Vaid Rattan	V.K. V.R. }	Up to 1947.
87. Ayurvedic and Unani Tibbi College, Amritsar.	Vachaspati	V. }	
88. Government Ayurvedic Vidyalaya (College), Patiala.	Vaidya Vaidya Visharad Vaidya Shastri Ayurvedacharya	V. V.V. V.S. A.A. }	Up to 1956. From 1956 to 1961.
<i>Rajasthan</i>			
89. Rajasthan Ayurveda Vibhagiya Pariksha Mandal, Ajmer.	Bhishagwara Bhishagacharya	.. ..	From 1962 onwards. From 1962 onwards.
90. Rajputana Ayurvedic and Unani Tibbi College, Jaipur.	Bhishagacharya Shiromani Bhishagaratna Shastri	.. ..	From 1951 onwards. From 1951 onwards.
91. Government Ayurvedic College, Jaipur.	Bhishak Bhishagacharya Bhish-kala	......	......
92. Maharaja College of Ayurved, Jaipur.	Shastra-acharya	..	..
<i>Tamil Nadu</i>			
93. Government College of Indian/Indigenous/Integrated Medicine, Madras.	Graduate of the College of Indian/Indigenous/Integrated Medicine. Licentiate in Indian/Indigenous/Integrated Medicine.	G.C.I.M. L.I.M.	From 1947 to 1960. From 1924 to 1948.
94. Madras Ayurvedic College, Madras.	Ayurveda Bhushan. Ayurveda Bhishagwara.	.. ..	.. ..
95. Venkataramana Ayurvedic College, Mylapore, Madras.	Vaidya Visharada.	..	..
96. Board of Examiners in Indian/Indigenous/Integrated Medicine, Madras.	Higher Proficiency in Indian/Indigenous/Integrated Medicine.	H.P.I.M.	Up to 1955.

1	2	3	4
97. University of Madras, Madras	Ayurveda—Shiromani. Bachelor of Indian Medicine (Siddha)	.. B.I.M.	.. Up to 1965
98. University of Madurai	Bachelor of Indian Medicine (Siddha).	B.I.M.	From 1966 onwards.
<i>Uttar Pradesh</i>			
99. Banaras Hindu University, Varanasi.	Ayurved Shastriacharya Ayurvedacharya in Medicine and Surgery Ayurvedacharya with Modern Medicine and Surgery Doctor of Ayurvedic Medicine. Ayurvedacharya, Bachelor of Medicine and Surgery.	.. A.M.S. A.M.S. D.A.M. A.B.M.S.	From 1925 to 1932. From 1934 to 1953. From 1934 to 1953. From 1967 onwards. From 1954 to 1967
100. Lucknow University, Lucknow	Bachelor of Ayurveda with Modern Medicine and Surgery. Bachelor of Medicine and Bachelor of Surgery.	B.A.M.M.S. B.M.B.S.	From 1960 onwards. From 1955 to 1961
101. Ayurvedic College, Gurukul University, Kangri (Hardwar).	Ayurveda-Akarkara Ayurveda Vachaspati.	..	From 1926 to 1956
102. Gurukul Vidyapeeth, Vrindaban.	Ayurved-Shiromani Ayurveda-Bhusan	..	From 1916 to 1967. From 1944 to 1967.
103. Rishikul Ayurvedic College, Hardwar	Ayurved Visharad Vaidya Visharad Vaidya Shastri Ayurved Shastri Ayurvedacharya	..	Up to 1945.
104. Lala Hari Ayurvedic College, Pilibhit.	Vaid Bhushan Vaid Raj	..	Up to 1944
105. Hindi Sahitya Sammelan, Prayag.	Vaidya Visharad Ayurved-Rama.	..	From 1931 to 1967 From 1931 to 1967
106. Jawalapur Mahavidyalaya, Hardwar.	Ayurved Bhaskar (Jawalapur Centre only)	..	From 1950 to 1967.
107. Board of Indian Medicine, Uttar Pradesh, Lucknow	Diploma in Indigenous Medicine. Diploma in Indigenous Medicine and Surgery. Bachelor of Indian Medicine and Surgery. Ayurvedacharya Bachelor of Medicine and Surgery.	I.M. I.M.S. B.I.M.S. A.M.B.S.	From 1932 to 1944. From 1943 to 1946 From 1947 to 1956. From 1957 to 1966.

1	2	3	4
	Ayurvedacharya, (Bachelor of Ayurved with Medicine and Surgery).	Ayurvedacharya (B.A.M.S.)	From 1959 onwards.
<i>West Bengal</i>			
108.	Shyamadas Vaidya Shastri, Calcutta.	..	From 1926 to 1940.
109.	Sanskrit Board, Calcutta.	Ayurveda-Teertha.	..
110.	Jamini Bhushan Ash-tanga Ayurved Vidya-laya, Calcutta.	Bhishagacharya (Master in Ayurvedic Medicine and Surgery).	M.A.M.S. From 1930 to 1940.
111.	Jamini Bhushan Astanga Ayurved Vidyalaya, Calcutta.	Bhishagaratna (Licentiate in Ayurvedic Medicine and Surgery)	L.A.M.S. From 1920 to 1940.
112.	General Council and State Faculty of Ayurvedic Medicine, West Bengal (now Paschim Banga Ayurveda Parishad), Calcutta.	Vaidya Shiromani (Member of the Ayurvedic State Faculty).	M.A.S.M. From 1940 to 1949.
		Vaidyashastri	.. From 1940 to 1945.
		Vaidyabhushan (Licentiate Ayurvedic State Faculty).	L.A.S.F. From 1939 to 1950.
		Ayurvedtirtha (Member of the Ayurvedic State Faculty)	M.A.S.F. From 1947 onwards.
		Ayurvedatirtha (Ayurvedic State Faculty)	A.S.F. From 1946 onwards.
113.	Ayurvediya Pratisthan, Calcutta.	Bhishagaratna	.. From 1930 to 1940.
		Bhishagacharya	.. From 1930 to 1940.
114.	Ganga Charan Ayurved Vidyalaya, Calcutta.	Ayurvedshastri	.. From 1928 to 1940.
		Ayurvedacharya	.. From 1928 to 1940.
115.	Maharaja Cossimbazar Gobindasundari Ayurvedic College, Calcutta.	Ayurvedshastri (Bachelor in Ayurvedic Medicine)	A.M.B. From 1927 to 1940.
		Ayurvedacharya (Master of Ayurvedic Medicine) Doctor.	A.M.D. From 1927 to 1940.
116.	Vishwanath Ayurved Mahavidyalaya, Calcutta.	Bhishagaratna (Diploma in Ayurvedic Medicine and Surgery)	D.A.M.S. From 1932 to 1940.
		Vaidyashiromani (Bachelor of Ayurvedic Medicine and Surgery)	B.A.M.S. From 1932 to 1940.
		(Master of Ayurvedic Medicine and Surgery)	M.A.M.S. From 1932 to 1940.

1	2	3	4
PART II—UNANI			
<i>Andhra</i>			
1. Islamia Arabic Tibbi College, Kurnool (A.P.).	Tabib-e-Kamil	..	..
Nizamia Tibbi College, Hyderabad.	Bachelor of Unani Medicine and Surgery.	B.U.M. & S.	..
	Tabib-e-Mustanad	..	..
	Graduate of the College of Unani Medicine.	G.C.U.M.	..
<i>Bihar</i>			
3. State Faculty of Ayurvedic and Unani Medicines, Patna, Bihar.	Graduate in Unani Medicine and Surgery.	G.U.M.S.	From 1953 onwards.
<i>Delhi</i>			
4. Board of Ayurvedic and Unani Systems of Medicine, Delhi.	(Bachelor in Indian Medicine and Surgery).	B.I.M.S.	From 1962 to 1963.
	Fazil-i-tib-o-Jarahat (Diploma in Indian Medicine and Surgery)	D.I.M.S.	From 1956 to 1962.
	Kamil-i-tib-o-Jarahat	..	..
5. Ayurvedic and Unani Tibbia College, Delhi.	Fazil-i-tib-o-Jarahat	..	Up to 1956.
	Kamil-i-tib-o-Jarahat	..	Up to 1956.
6. Jamia Tibbia, Delhi	Akmal-ul-Hukma	..	Up to 1956.
	Afzal-ul-Hukma	..	Up to 1956.
7. Examining Body, Ayurvedic and Unani Systems of Medicine, Delhi.	Fazil-i-tib-o-Jarahat (Bachelor in Indian Medicine and Surgery).	B.I.M.S.	From 1965 onwards.
<i>Jammu and Kashmir</i>			
8. Jammu and Kashmir University.	Bachelor of Unani Medicine and Surgery.	B.U.M.S.	From 1966 onwards
<i>Madhya Pradesh</i>			
9. Asipha Tibbia College, Bhopal.	Hakim-Kamil	..	..
	Tibb-e-Kamil	..	..
<i>Maharashtra</i>			
10. Faculty of Ayurvedic and Unani Systems of Medicine, Maharashtra.	Mahir-e-Tibb-o-Jarahat	D.U.S.F. (Bombay)	..
11. Board of Examiners in Unani.	Mahir-e-Tibb-o-Jarahat	M.T.J. (Bombay)	From 1942 to 1943.
<i>Mysore</i>			
12. Board of Studies in Indian Medicine, Mysore, Bangalore.	Tabib-e-Hasaq (Licentiate in Unani Medicine & Surgery).	L.U.M.S.	From 1958 onwards.
13. Government Ayurvedic and Unani College (College of Indian Medicine), Mysore.	Tabib-e-Hasaq (Licentiate in Unani Medicine & Surgery).	L.U.M.S.	From 1928 to 1953.

1	2	3	4
14. Central Board of Indian Medicine, Mysore, Bangalore.	Tabib-e-Hasaq (Licentiate in Unani Medicine & Surgery).	L.U.M.S.	From 1953 to 1958.
15. Government Ayurvedic School, Mysore.	..	U.M.S.	..
<i>Tamil Nadu</i>			
16. Government College of Indian/Indigenous/Integrated Medicine, Madras.	Licentiate in Indian/Indigenous/Integrated Medicine.	L.I.M.	..
	Graduate of the College of Indian/Indigenous/Integrated Medicine.	G.C.I.M.	..
17. Board of Examiners in Indian/Indigenous/Integrated Medicine.	Higher Proficiency in Indian/Indigenous/Integrated Medicine.	H.P.I.M.	..
<i>Punjab</i>			
18. Bhupindra Tibbi College, Patiala.	Fazul-ul-Hukma	..	..
19. Ayurvedic & Unani Tibbi College, Amritsar.	Kamil-ul-Tibbi Fazil-ul-Tibbi Umdho-Dal-Hukma	K.U.T. F.U.T. H.D.H. }	Up to 1947.
Vedic & Unani Tibbi College Amritsar.	..	..	..
20. Rajputana Ayurvedic and Unani Tibbi College, Jaipur.	Amd-Tul-Hukma Tabib-Fazil.	.. .	From 1951 onwards. From 1951 onwards.
<i>Uttar Pradesh</i>			
21. Muslim University, Aligarh.	Diploma in Indian Medicine & Surgery. Diploma in Unani Medicine & Surgery.	D.I.M.S. D.U.M.S.	From 1927 to 1943. From 1944 to 1946.
	Bachelor of Unani Medicine & Surgery. Bachelor of Unani Tib & Surgery.	B.U.M.S. B.U.T.S.	From 1953 onwards. From 1947 to 1954.
22. Board of Indian Medicine Uttar Pradesh (acknow.	Diploma in Indigenous Medicine. Diploma in Indigenous Medicine & Surgery. Bachelor of Indian Medicine & Surgery. Fazil-Ut-Tib (Bachelor of Medicine and Surgery).	D.I.M. D.I.M.S. B.I.M.S. F.M.B.S.	From 1932 to 1944. From 1943 to 1946. From 1947 to 1956. From 1957 onwards.

THE THIRD SCHEDULE

(See section 15)

Qualifications granted by certain medical institutions before 15th August, 1947 in areas which comprised within India as defined in Government of India Act, 1935.

University, Board or Medical Institution	Recognised Medical Qualifications	Abbreviation for registration	Remarks
1	2	3	4
PART I.—AYURVEDA AND SIDDHA			
1. Dayanand Ayurvedic College, Lahore.	Vaidya Vachaspati.	..	Before 1947.
	Vaidya Kaviraj.	..	Before 1947.

1	2	3	4
2. Sanatan Dharam Promgiri Vaidya Shastri		..	Before 1947.
Ayurvedic College, Lahore. Shri Ayurvedacharya		..	Before 1947.
Shri Vaid Kaviraj		..	Before 1947.
PART II.—UNANI			
1. The Islamia College, Lahore. Hakim-i-Haziq		..	..
Zubdatul-Hukma		..	..
2. Tibbia College, Lahore. Hasiq-ul-Hukma	H.U.H.		Up to 1947.
Mahir-Tibo-Jarahat	M.T.J.		Up to 1947.
Hakim-i-Haziq	H.H.		Up to 1947.

THE FOURTH SCHEDULE

(See section 16)

Qualifications granted by medical institutions in countries with which there is a scheme of reciprocity.

University, Board or Medical Institution	Recognised medical qualification	Abbreviation for registration	Remarks
1	2	3	4
PART I.—AYURVEDA AND SIDDHA			
Government College of Indigenous Systems of Medicine, Ceylon.	Diploma in Indigenous Medicine & Surgery	D. I. M. S.	..

B. N. BANERJEE,
Secretary.